

Pediatric Emergencies

P-6 Pediatric Non-traumatic Shock

Priorities
 Primary Assessment
 ABCs
 Early notification of receiving hospital
 Identify causes of shock
 Treat cardiac dysrhythmias per appropriate protocol

Stabilize airway using BLS adjuncts if necessary

Oxygen – titrate to SpO2 >95%

Cardiac Monitor

IV/IO Access

Blood Glucose Check

NS 20mL/kg bolus IV/IO
 May repeat once for persistent age-adjusted hypotension

Contact base for further orders for additional NS bolus

For blood glucose <50mg/dl in patients <1 year old
Dextrose 10% 0.5g/kg (5mL/kg) IV/IO
 to max dose of 25g (250mL)

For blood glucose <60m/dl in patients 1-14 years old
Dextrose 10% 0.5g/kg (5mL/kg) IV/IO
 to max dose of 25g (250mL)

If no IV/IO can be established
Glucagon 0.5mg IM for patients <6 years old
 or
Glucagon 1mg IM for patients ≥6 years old
 or
 1 tube **Oral Glucose** if patient has gag reflex and is able to swallow

Dextrose Dosage Calculations

Dextrose 10% is the preferred concentration. If Dextrose 10% is not available, please use the doses below for other concentrations.

D10% 5mL/kg (max 250mL)
 0.5g/kg (max 25g) = D25% 2mL/kg (max 100mL)
 D50% 1mL/kg (max 50mL)

DISRUPTED COMMUNICATIONS

In the event of a “disrupted communications” situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.